



For Office Use Only	
Date Received	Mobilizer

## Mobilization Application I

### Personal Information

Full Name:

Last	First	M.I.	Maiden	Preferred Name
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Current Address:

Street Address	Apartment/Unit #	Country
City	State/Province	ZIP/Postal

Contact Information:

( ) <input type="checkbox"/> cell <input type="checkbox"/> home	( ) <input type="checkbox"/> cell <input type="checkbox"/> home	E-mail:
Primary Phone	Secondary Phone	

Permanent Address:

same as above

Street Address	Apartment/Unit #	Country
City	State/Province	Zip/Postal

Date of Birth:  
(M/D/YYYY)

Place of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Social Insurance No. \_\_\_\_\_

Citizenship:

\_\_\_\_\_  Native Born  Naturalized (Year: \_\_\_\_\_)

Anticipated Length of Service:

Less than 9 months  2 years or less  More than 2 years

Anticipated Type of Service:

Administration/Computers  Church Ministries  Church Planting  Health Care  Sports Ministry  
 Leadership Development  Maintenance/Construction  Teaching/Education  TESOL  
 Theological Education  Other \_\_\_\_\_

Anticipated Place of Service:

\_\_\_\_\_

Anticipated Dates of Service:

\_\_\_\_\_

Marital Status:

Married  Single  Engaged  Separated\*  Divorced\*  
 Remarried\*  Widowed (\*Briefly describe circumstances in a separate document)

Spouse/ Fiancé/ Fiancée:

Last	First	Middle	Maiden (if applicable)
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Date of Marriage\*:  
(M/D/YYYY)

\_\_\_\_\_ (\*Projected date of marriage, if engaged)

List all your family below (spouse and children). Mark those who will accompany you to the field if appointed and describe any thoughts, concerns or feelings you have regarding their time of missionary service with you.

Name	DOB (M/D/YYYY)	M/F	Going to Field	Comments
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

List employers, beginning with the present or most recent.

Name	City	State/Province	From (M/YYYY)	To (M/YYYY)	Position

Have you ever been dismissed from a job?     NO     YES\*    (\*If yes, explain in a separate document)

Year of High School Graduation or equivalent: \_\_\_\_\_

List information for degrees received beyond High School.

School Name, Location	Degree	Major/Minor/Concentration	Year of Graduation (M/YYYY)

List your hobbies: \_\_\_\_\_

## Spiritual Journey

**NOTE: If more space is needed, please provide information in a separate document.**

1. Share your story of how you met Jesus, and describe what is different about you now that you have a personal relationship with him.

2. How do you implement the spiritual disciplines in your Christian walk?

3. What is an area in your spiritual life where you would like to see growth?

4. We believe that the Holy Spirit cleanses and empowers us to live victorious Christian lives. Describe any areas in your life that you still need to surrender to the Holy Spirit.

5. Name the people who have been most significant in your spiritual growth and explain how they have influenced you.